

FCC Form 499-Q Telecommunications Reporting Worksheet		Approval by OMB	
Quarterly Filing for Universal Service Contributors > Please read instructions before completing <		3060-0855	
<b>Block 1: Contributor Identification Information</b>		101 Filer 499 ID	
102 Legal name of reporting entity			
103 Filer's IRS employer identification number			
104 Name telecommunications provider is doing business as			
105 Affiliated Filers Name [All affiliated companies should show same name here. In most cases, the Affiliated Filers Name will be the holding company name]		Check if filer has no affiliates: <input type="checkbox"/>	
105.1 Affiliate Filers Name IRS employer identification number		[Enter 9 digit number]	
106 Filer's FCC Registration Number (FRN)		[Enter 10 digit number]	
107 Complete mailing address of reporting entity's corporate headquarters			
<b>Block 2: Contact Information</b>			
108 Person who completed this worksheet		First	MI Last
109 Telephone number of this person		( ) -	
110 Fax number of this person		( ) -	
111 Email of this person			
112 Billing address and billing contact person: [Bills for Universal Service contributions will be sent to this address.]			
<b>Block 3: Contributor Historical and Projected Revenue Information</b>			
113 Indicate which quarterly filing this represents	<u>Filing due</u>	<u>Historical revenues (lines 115-118) for</u>	<u>Projected revenues (lines 119-120) for</u>
<input type="checkbox"/> November 1, 2024/2022		July 1 – September 30, 2024/2022	January 1 – March 31, 2022/2023
<input type="checkbox"/> February 1, 2022/2023		October 1 – December 31, 2024/2022	April 1 – June 30, 2022/2023
<input type="checkbox"/> May 1, 2022/2023		January 1 – March 31, 2022/2023	July 1 – September 30, 2022/2023
<input type="checkbox"/> August 1, 2022/2023		April 1 – June 30, 2022/2023	October 1 – December 31, 2022/2023
114 Check if using safe harbor to allocate interstate/intrastate revenues for each of the following (as applicable): Cellular & broadband PCS: <input type="checkbox"/> Paging: <input type="checkbox"/> Analog SMR: <input type="checkbox"/> Interconnected VoIP: <input type="checkbox"/>			
<u>Historical billed revenues with no allowance of uncollectibles. See Instructions.</u>		<u>Total Revenues</u>	<u>Interstate Revenues</u>
		(a)	(b)
			(c)
115 Telecommunications provided to other universal service contributors for resale as telecommunications or as interconnected VoIP			
116 End-user telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues			
117 All other goods and services		Column (b) and (c) not requested	
118 Gross-billed revenues from all sources [sum of above]		for Lines 117 and 118	
119 Projected gross-billed end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues			
120 Projected collected end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues			
<b>Block 4: CERTIFICATION: to be signed by an officer of the reporting entity</b>			
121 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules.			<input type="checkbox"/>
I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true, that said Worksheet is an accurate statement of the affairs of the above-named company for the quarter and that the projections of gross-billed and collected revenues represent a good-faith estimate based on company procedures and policies.			
122 Signature			
123 Printed name of officer		First	MI Last
124 Position with reporting entity			
125 Email of officer (Required if available)			
126 Date			
127 This filing is: <input type="checkbox"/> Original filing <input type="checkbox"/> Revised filing [revisions due within 45 days of original filing deadline]			
Do not mail checks with this form. File this form online https://forms.universalservice.org/portal/login			
For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet Info: (888)641-8722 or via email: Form 499@usac.org			

PERSONS WILLFULLY MAKING FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001
<i>Save time, avoid problems – file electronically at <a href="http://forms.universalservice.org">http://forms.universalservice.org</a></i> <span style="float: right;">FCC Form 499-Q / 2022</span>